

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		2				
13		2				
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
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38		2				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	166					
TOTAL CLAIMS	168					

30  
78  
68

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						